

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	<i>K.S.</i>	69134	5-23-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	8/20/00
2	2	2	8/20/00
3	3	3	8/20/00
4	4	4	8/20/00
5	5	5	8/20/00
6	6	6	8/20/00
7	7	7	8/20/00
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48	48	48	8/20/00
49	49	49	8/20/00
50	50	50	8/20/00

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If more than 150 claims or 10 actions  
staple additional sheet here

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Claim	Final	Original	Date
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Claim	Final	Original	Date
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